

Fill in this information to identify your case:

United States Bankruptcy Court for the:

District of New Jersey

Case number (if known): 19-32881

Chapter you are filing under:

Chapter 7
 Chapter 11
 Chapter 12
 Chapter 13

U.S. BANKRUPTCY COURT
DISTRICT OF NEW JERSEY

2019 DEC - C A 11 13

JUDGE: *[Signature]*

BY: *[Signature]* LM

Check if this is an
amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

About Debtor 1:

1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

Rosa

First name

Maria

Middle name

Styles

Last name

Suffix (Sr., Jr., II, III)

About Debtor 2 (Spouse Only in a Joint Case):

First name

Middle name

Last name

Suffix (Sr., Jr., II, III)

2. All other names you have used in the last 8 years

Include your married or maiden names.

First name

First name

Middle name

Middle name

Last name

Last name

First name

First name

Middle name

Middle name

Last name

Case #: 19-32881-11
Debtor.: ROSA MARIA STYLES
Chapter: 11

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx - xx - 9 9 2 2

OR

9 xx - xx - _____

Filed : December 09, 2019 12:28:18
Deputy : LINDA G. MARTIN
Receipt: 428750
Amount : \$1,717.00

Debtor 1	Rosa	Maria	Styles	Case number (if known) _____
	First Name	Middle Name	Last Name	
About Debtor 1:				About Debtor 2 (Spouse Only in a Joint Case):
4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and <i>doing business as</i> names	<input checked="" type="checkbox"/> I have not used any business names or EINs. <input type="checkbox"/> I have not used any business names or EINs.		<input type="checkbox"/> Business name <input type="checkbox"/> Business name <input type="checkbox"/> EIN — - - - - <input type="checkbox"/> EIN — - - - - <input type="checkbox"/> EIN — - - - - <input type="checkbox"/> EIN — - - - -	
5. Where you live	If Debtor 2 lives at a different address:			
43 West 12th Street		<input type="checkbox"/> Number Street <input type="checkbox"/> Number Street		
<input type="checkbox"/> Avalon NJ 08202 <input type="checkbox"/> City State ZIP Code		<input type="checkbox"/> City State ZIP Code		
<input type="checkbox"/> Cape May <input type="checkbox"/> County		<input type="checkbox"/> County		
If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.				
<input type="checkbox"/> Number Street <input type="checkbox"/> P.O. Box		<input type="checkbox"/> Number Street <input type="checkbox"/> P.O. Box		
<input type="checkbox"/> City State ZIP Code		<input type="checkbox"/> City State ZIP Code		
6. Why you are choosing <i>this district</i> to file for bankruptcy	Check one: <input checked="" type="checkbox"/> Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. <input type="checkbox"/> I have another reason. Explain. (See 28 U.S.C. § 1408.)		Check one: <input type="checkbox"/> Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. <input type="checkbox"/> I have another reason. Explain. (See 28 U.S.C. § 1408.)	
<hr/> <hr/> <hr/> <hr/>				

Debtor 1 Rosa Maria Styles
First Name Middle Name Last Name

Case number (if known) _____

Part 2: Tell the Court About Your Bankruptcy Case

7. The chapter of the Bankruptcy Code you are choosing to file under *Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.*

Chapter 7
 Chapter 11
 Chapter 12
 Chapter 13

8. How you will pay the fee I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
 I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A).
 I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition.

9. Have you filed for bankruptcy within the last 8 years? No
 Yes. District New Jersey When 09/17/2018 Case number 18-28533
MM / DD / YYYY
District _____ When _____ Case number _____
District _____ When _____ Case number _____
MM / DD / YYYY

10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? No
 Yes. Debtor _____ Relationship to you _____
District _____ When _____ Case number, if known _____
Debtor _____ Relationship to you _____
District _____ When _____ Case number, if known _____
MM / DD / YYYY

11. Do you rent your residence? No. Go to line 12.
 Yes. Has your landlord obtained an eviction judgment against you?
 No. Go to line 12.
 Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it as part of this bankruptcy petition.

Debtor 1 **Rosa Maria Styles**
First Name Middle Name Last Name

Case number (if known) _____

Part 3: Report About Any Businesses You Own as a Sole Proprietor

12. Are you a sole proprietor of any full- or part-time business?

No. Go to Part 4.
 Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any _____

Number Street _____

City _____ State _____ ZIP Code _____

Check the appropriate box to describe your business:

Health Care Business (as defined in 11 U.S.C. § 101(27A))
 Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
 Stockbroker (as defined in 11 U.S.C. § 101(53A))
 Commodity Broker (as defined in 11 U.S.C. § 101(6))
 None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

No. I am not filing under Chapter 11.
 No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.
 Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

No

Yes. What is the hazard? _____

If immediate attention is needed, why is it needed? _____

Where is the property?

Number Street _____

City _____ State _____ ZIP Code _____

Debtor 1 **Rosa Maria Styles**

First Name

Middle Name

Last Name

Case number (if known) _____

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 **Rosa Maria Styles**
First Name Middle Name Last Name

Case number (if known) _____

Part 6: Answer These Questions for Reporting Purposes

16. What kind of debts do you have?

16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

No. Go to line 16b.
 Yes. Go to line 17.

16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.

No. Go to line 16c.
 Yes. Go to line 17.

16c. State the type of debts you owe that are not consumer debts or business debts.

17. Are you filing under Chapter 7?

No. I am not filing under Chapter 7. Go to line 18.

Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?

Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?
 No
 Yes

18. How many creditors do you estimate that you owe?

1-49 1,000-5,000 25,001-50,000
 50-99 5,001-10,000 50,001-100,000
 100-199 10,001-25,000 More than 100,000
 200-999

19. How much do you estimate your assets to be worth?

\$0-\$50,000 \$1,000,001-\$10 million \$500,000,001-\$1 billion
 \$50,001-\$100,000 \$10,000,001-\$50 million \$1,000,000,001-\$10 billion
 \$100,001-\$500,000 \$50,000,001-\$100 million \$10,000,000,001-\$50 billion
 \$500,001-\$1 million \$100,000,001-\$500 million More than \$50 billion

20. How much do you estimate your liabilities to be?

\$0-\$50,000 \$1,000,001-\$10 million \$500,000,001-\$1 billion
 \$50,001-\$100,000 \$10,000,001-\$50 million \$1,000,000,001-\$10 billion
 \$100,001-\$500,000 \$50,000,001-\$100 million \$10,000,000,001-\$50 billion
 \$500,001-\$1 million \$100,000,001-\$500 million More than \$50 billion

Part 7: Sign Below

For you

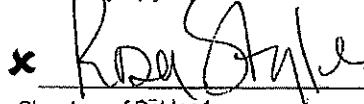
I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.



Signature of Debtor 1



Signature of Debtor 2

Executed on 12/05/2019
MM / DD / YYYY

Executed on
MM / DD / YYYY

Debtor 1 Rosa Maria Styles Case number (if known) _____

For you if you are filing this bankruptcy without an attorney

The law allows you, as an individual, to represent yourself in bankruptcy court, but you should understand that many people find it extremely difficult to represent themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney.

If you are represented by an attorney, you do not need to file this page.

To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay.

You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. **Bankruptcy fraud is a serious crime; you could be fined and imprisoned.**

If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply.

Are you aware that filing for bankruptcy is a serious action with long-term financial and legal consequences?

No
 Yes

Are you aware that bankruptcy fraud is a serious crime and that if your bankruptcy forms are inaccurate or incomplete, you could be fined or imprisoned?

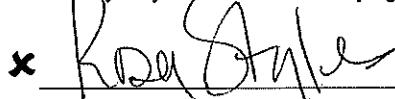
No
 Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out your bankruptcy forms?

No
 Yes. Name of Person _____

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

By signing here, I acknowledge that I understand the risks involved in filing without an attorney. I have read and understood this notice, and I am aware that filing a bankruptcy case without an attorney may cause me to lose my rights or property if I do not properly handle the case.


X _____

Signature of Debtor 1

X _____

Signature of Debtor 2

Date 12/05/2019
MM / DD / YYYY

Date _____
MM / DD / YYYY

Contact phone (609) 992-4410

Contact phone _____

Cell phone (609) 992-4410

Cell phone _____

Email address _____

Email address _____

Fill in this information to identify your case:			
Debtor 1	Rosa	Maria	Style
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: District of New Jersey			
Case number (If known)		<input type="checkbox"/> Check if this is an amended filing	

Official Form 104

For Individual Chapter 11 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims Against You and Are Not Insiders

12/15

If you are an individual filing for bankruptcy under Chapter 11, you must fill out this form. If you are filing under Chapter 7, Chapter 12, or Chapter 13, do not fill out this form. Do not include claims by anyone who is an *insider*. Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20 percent or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Also, do not include claims by secured creditors unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information.

Part 1: List the 20 Unsecured Claims in Order from Largest to Smallest. Do Not Include Claims by Insiders.

		Unsecured claim	
1	CEBV, LLC	What is the nature of the claim? Mortgage	\$ 15,155,121.28
Creditor's Name 280 Technology Park NW Number Street Suite 100		As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <input type="checkbox"/> None of the above apply	
Norcross GA 30092 City State ZIP Code		Does the creditor have a lien on your property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Total claim (secured and unsecured): \$ 15,155,121.28 Value of security: - \$ 1,000,000.00 Unsecured claim \$ 14,155,121.28	
Fox Rothschild Contact (215) 299-2000 Contact phone			
2	Capital One Bank (USA), N.A.	What is the nature of the claim? Credit Card Purchases	\$ 4,011.04
Creditor's Name c/o Hayt, Hayt & Landau, LLC Number Street Two Industrial Way West		As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply	
Eatontown NJ 07724 City State ZIP Code		Does the creditor have a lien on your property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): \$ Value of security: - \$ Unsecured claim \$	
Kenneth Hayes, Esq. Contact (732) 544-9080 Contact phone			

Debtor 1	First Name	Middle Name	Last Name	Case number (if known)
	Rosa	Maria	Styles	
				Unsecured claim
3	Capital One Bank (USA), N.A.			What is the nature of the claim? <u>Credit Card Purchases</u> \$ <u>3,918.70</u>
Creditor's Name c/o Hayt, Hayt & Landau, LLC Number Street Two Industrial Way West				As of the date you file, the claim is: Check all that apply.
				<input type="checkbox"/> Contingent
				<input type="checkbox"/> Unliquidated
				<input type="checkbox"/> Disputed
				<input checked="" type="checkbox"/> None of the above apply
Contact (732) 544-9080				Does the creditor have a lien on your property?
				<input checked="" type="checkbox"/> No
				<input type="checkbox"/> Yes. Total claim (secured and unsecured): \$ _____
				Value of security: - \$ _____
				Unsecured claim \$ _____
4	Penn Medicine			What is the nature of the claim? <u>Medical Bill</u> \$ <u>2,920.00</u>
Creditor's Name PO Box 824406 Number Street				As of the date you file, the claim is: Check all that apply.
				<input type="checkbox"/> Contingent
				<input type="checkbox"/> Unliquidated
				<input type="checkbox"/> Disputed
				<input checked="" type="checkbox"/> None of the above apply
Contact 1-800-406-1177				Does the creditor have a lien on your property?
				<input checked="" type="checkbox"/> No
				<input type="checkbox"/> Yes. Total claim (secured and unsecured): \$ _____
				Value of security: - \$ _____
				Unsecured claim \$ _____
5	Higgins Landscaping			What is the nature of the claim? <u>Home maintenance</u> \$ <u>2,300.00</u>
Creditor's Name 219 Crown Point Rd Number Street				As of the date you file, the claim is: Check all that apply.
				<input type="checkbox"/> Contingent
				<input type="checkbox"/> Unliquidated
				<input checked="" type="checkbox"/> Disputed
				<input type="checkbox"/> None of the above apply
Contact (856) 853-5719				Does the creditor have a lien on your property?
				<input checked="" type="checkbox"/> No
				<input type="checkbox"/> Yes. Total claim (secured and unsecured): \$ _____
				Value of security: - \$ _____
				Unsecured claim \$ _____
6	Capital One Bank (USA), N.A.			What is the nature of the claim? <u>Credit Card Purchases</u> \$ <u>2,275.30</u>
Creditor's Name c/o Hayt, Hayt & Landau, LLC Number Street Two Industrial Way West				As of the date you file, the claim is: Check all that apply.
				<input type="checkbox"/> Contingent
				<input type="checkbox"/> Unliquidated
				<input type="checkbox"/> Disputed
				<input checked="" type="checkbox"/> None of the above apply
Contact (732) 544-9080				Does the creditor have a lien on your property?
				<input checked="" type="checkbox"/> No
				<input type="checkbox"/> Yes. Total claim (secured and unsecured): \$ _____
				Value of security: - \$ _____
				Unsecured claim \$ _____
7	Kennedy Medical Group Practic			What is the nature of the claim? <u>Medical Bill</u> \$ <u>1,943.75</u>
Creditor's Name PO Box 95000, CL 4570 Number Street				As of the date you file, the claim is: Check all that apply.
				<input type="checkbox"/> Contingent
				<input type="checkbox"/> Unliquidated
				<input type="checkbox"/> Disputed
				<input checked="" type="checkbox"/> None of the above apply
Contact 1-800-406-1177				Does the creditor have a lien on your property?
				<input checked="" type="checkbox"/> No
				<input type="checkbox"/> Yes. Total claim (secured and unsecured): \$ _____
				Value of security: - \$ _____
				Unsecured claim \$ _____

Debtor 1	Rosa	Maria	Styles	Case number (if known) _____
	First Name	Middle Name	Last Name	

Unsecured claim

8	U.S. Trustee	What is the nature of the claim? Trustee Fees	\$ 650.18
	Creditor's Name 1 Newark Center	As of the date you file, the claim is: Check all that apply.	
	Number Street	<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<input checked="" type="checkbox"/> None of the above apply	
	Newark NJ 07102	Does the creditor have a lien on your property?	
	City State ZIP Code	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes. Total claim (secured and unsecured): \$ _____	
	Contact (973) 645-3014	Value of security: - \$ _____	
	Contact phone _____	Unsecured claim \$ _____	

9	Drinkwater & Goldstein, LLP	What is the nature of the claim? Attorney's fees	\$ Unknown
	Creditor's Name 277 White Horse Pike	As of the date you file, the claim is: Check all that apply.	
	Number Street	<input type="checkbox"/> Contingent	
	Suite 200	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<input checked="" type="checkbox"/> None of the above apply	
	Atco NJ 08004	Does the creditor have a lien on your property?	
	City State ZIP Code	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes. Total claim (secured and unsecured): \$ _____	
	Contact (856) 753-5131	Value of security: - \$ _____	
	Contact phone _____	Unsecured claim \$ _____	

10	What is the nature of the claim? _____	\$ _____
	Creditor's Name	As of the date you file, the claim is: Check all that apply.
	Number Street	<input type="checkbox"/> Contingent
		<input type="checkbox"/> Unliquidated
		<input type="checkbox"/> Disputed
		<input type="checkbox"/> None of the above apply
	City State ZIP Code	Does the creditor have a lien on your property?
		<input type="checkbox"/> No
		<input type="checkbox"/> Yes. Total claim (secured and unsecured): \$ _____
	Contact	Value of security: - \$ _____
	Contact phone _____	Unsecured claim \$ _____

11	What is the nature of the claim? _____	\$ _____
	Creditor's Name	As of the date you file, the claim is: Check all that apply.
	Number Street	<input type="checkbox"/> Contingent
		<input type="checkbox"/> Unliquidated
		<input type="checkbox"/> Disputed
		<input type="checkbox"/> None of the above apply
	City State ZIP Code	Does the creditor have a lien on your property?
		<input type="checkbox"/> No
		<input type="checkbox"/> Yes. Total claim (secured and unsecured): \$ _____
	Contact	Value of security: - \$ _____
	Contact phone _____	Unsecured claim \$ _____

12	What is the nature of the claim? _____	\$ _____
	Creditor's Name	As of the date you file, the claim is: Check all that apply.
	Number Street	<input type="checkbox"/> Contingent
		<input type="checkbox"/> Unliquidated
		<input type="checkbox"/> Disputed
		<input type="checkbox"/> None of the above apply
	City State ZIP Code	Does the creditor have a lien on your property?
		<input type="checkbox"/> No
		<input type="checkbox"/> Yes. Total claim (secured and unsecured): \$ _____
	Contact	Value of security: - \$ _____
	Contact phone _____	Unsecured claim \$ _____

Debtor 1	Rosa	Maria	Styles	Case number (if known) _____
	First Name	Middle Name	Last Name	
Unsecured claim				
13	<p>What is the nature of the claim? _____ \$ _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> None of the above apply</p>			
	Number	Street		
	City	State	ZIP Code	
	Contact	<p>Does the creditor have a lien on your property?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Total claim (secured and unsecured): \$ _____ Value of security: - \$ _____ Unsecured claim \$ _____</p>		
	Contact phone			
14	<p>What is the nature of the claim? _____ \$ _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> None of the above apply</p>			
	Number	Street		
	City	State	ZIP Code	
	Contact	<p>Does the creditor have a lien on your property?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Total claim (secured and unsecured): \$ _____ Value of security: - \$ _____ Unsecured claim \$ _____</p>		
	Contact phone			
15	<p>What is the nature of the claim? _____ \$ _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> None of the above apply</p>			
	Number	Street		
	City	State	ZIP Code	
	Contact	<p>Does the creditor have a lien on your property?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Total claim (secured and unsecured): \$ _____ Value of security: - \$ _____ Unsecured claim \$ _____</p>		
	Contact phone			
16	<p>What is the nature of the claim? _____ \$ _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> None of the above apply</p>			
	Number	Street		
	City	State	ZIP Code	
	Contact	<p>Does the creditor have a lien on your property?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Total claim (secured and unsecured): \$ _____ Value of security: - \$ _____ Unsecured claim \$ _____</p>		
	Contact phone			
17	<p>What is the nature of the claim? _____ \$ _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> None of the above apply</p>			
	Number	Street		
	City	State	ZIP Code	
	Contact	<p>Does the creditor have a lien on your property?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Total claim (secured and unsecured): \$ _____ Value of security: - \$ _____ Unsecured claim \$ _____</p>		
	Contact phone			

Debtor 1 Rosa Maria Styles
First Name Middle Name Last Name

Case number (if known) _____

Unsecured claim

18

What is the nature of the claim? _____ \$ _____

Creditor's Name

Number Street

City State ZIP Code

Contact

Contact phone

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed
- None of the above apply

Does the creditor have a lien on your property?

- No
- Yes. Total claim (secured and unsecured): \$ _____

Value of security: - \$ _____

Unsecured claim \$ _____

19

What is the nature of the claim? _____ \$ _____

Creditor's Name

Number Street

City State ZIP Code

Contact

Contact phone

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed
- None of the above apply

Does the creditor have a lien on your property?

- No
- Yes. Total claim (secured and unsecured): \$ _____

Value of security: - \$ _____

Unsecured claim \$ _____

20

What is the nature of the claim? _____ \$ _____

Creditor's Name

Number Street

City State ZIP Code

Contact

Contact phone

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed
- None of the above apply

Does the creditor have a lien on your property?

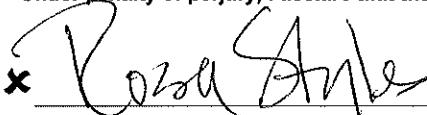
- No
- Yes. Total claim (secured and unsecured): \$ _____

Value of security: - \$ _____

Unsecured claim \$ _____

Part 2: Sign Below

Under penalty of perjury, I declare that the information provided in this form is true and correct.


x

Signature of Debtor 1

Date 12/5/19
MM / DD / YYYY

x

Signature of Debtor 2

Date MM / DD / YYYY

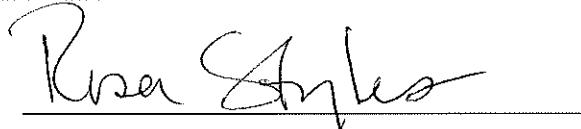
**United States Bankruptcy Court
District of New Jersey**

In re Rosa Maria Styles _____ Case No. _____
Debtor(s) _____ Chapter 11 _____

VERIFICATION OF CREDITOR MATRIX

The above-named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date: 12/05/2019



Signature of Debtor

Fox Rothschild LLP
1301 Atlantic Avenue
Midtown Building, Suite 400
Atlantic City, NJ 08401

Bank of America, N.A.
1800 Tapo Canyon Road
Simi Valley, CA 93063

Bayview Loan Servicing, LLC
4425 Ponce de Leon Blvd.
5th Floor
Miami, FL 33146

Capital One Bank
4851 Cox Road
Glen Allen, VA 23060

Capital One Bank (USA), N.A.
c/o Hayt, Hayt & Landau, LLC
Two Industrial Way West
Eatontown, NJ 07724-0500

CEBV, LLC
280 Technology Park NW
Suite 100
Norcross, GA 30092

Higgins Landscaping
219 Crown Point Rd.
West Deptford, NJ 08086

U.S. Trustee
1 Newark Center
Newark, NJ 07102

Drinkwater & Goldstein, LLP
277 White Horse Pike, Suite 200
Atco, NJ 08004

Jerry Schwartz
1 Twin Oaks Drive
Shamong, NJ 08088

Kennedy Medical Group Practice
PO Box 95000
CL 4570
Philadelphia, PA 19195-0001

Knuckles, Komosinski & Elliott, LLP
565 Taxter Road
Suite 590
Elmsford, NY 10523

Penn Medicine
PO Box 824406
Philadelphia, PA 19182-4406

Pressler and Pressler, LLP
7 Entin Road
Parsippany, NJ 07054-5020

Saldutti Law Group
800 N. Kings Highway, Suite 300
Cherry Hill, NJ 08034

Secretary of Housing & Urban Development
451 7th S.W.
Washington, DC 20410

Stefanie Malone-Zeitz, Esquire
Stern & Eisenberg, PC
1040 N. Kings Highway
Suite 407
Cherry Hill, NJ 08034

Thomas J. Walsh, Jr.
2589 Ocean Avenue
Avalon, NJ 08202